RSA-1 PURSVC 03/15

Check One: ☐ ERS ☐ TRS

Seal

IN-SERVICE TRANSFER TO PURCHASE PERMISSIVE SERVICE CREDIT RSA-1 DEFERRED COMPENSATION PLAN

Name First			Social Securit	tv No. or PID)	
	Middle/Maiden	Last		.,		
Home Address			Phone Numbe	r		
	Street or P. O. Box		•			
20	2		-			
City	State	Zip Code				
Employer			Date of Birth	Month	Day	Year
				WOTHT	Бау	real
PART II RETIREMENT SYS	TEM INFORMATION					
Name of Retirement Syst	em					
Retirement System Addre	ess	Street or P	. O. Box			
City		State			Zip Co	ode
Your Retirement System	n Account Number					
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PART III PAYMENT METHO	DO AND AUTHORIZATION					
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My Commission Expires